

Name _____
Street Address _____
Municipality (City/Town) _____ State _____ Zip Code _____



Postage
Required.
Post Office will
not deliver
without proper
postage.

APPLICATION FOR VOTE BY MAIL BALLOT

To: **CARL W BLOCK COUNTY CLERK**
COUNTY OF OCEAN
COURT HOUSE ROOM 107
PO BOX 2191
TOMS RIVER NJ 08754-2191



VOTE BY MAIL INFORMATION

1. You must be a registered voter in order to apply for a Mail-In Ballot.
2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your Ballot.
4. Your Mail-In Ballot must be received by the County Board of Elections before close of polls on Election Day.
5. Do not submit more than one application for the same election.
6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise in Section 10 - **"Voter Options"** on the application.

OCEAN COUNTY CLERK'S ELECTION OFFICE
P.O. Box 2191, Court House, 118 Washington Street, Room 107
Toms River, New Jersey 08754-2191
(732) 929-2153 (800) 722-0291 www.oceancountyclerk.com

**DO NOT FAX OR E-MAIL
UNLESS YOU ARE A MILITARY OR
OVERSEAS VOTER**

PLEASE NOTE

A voter may apply for a Mail-In Ballot up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

Voters have the option of indicating on an application for a Mail-In Ballot that they would prefer to receive a Ballot for each election that takes place during the remainder of the calendar year.

Voters also now have an option of automatically receiving a Mail-In Ballot for all future November General Elections. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

WARNING:

This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, but no later than 3 P.M. the day prior to the election.

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

SPECIAL STATUS

Check if you are:

- ☐ Active Duty Military Voter
☐ Overseas Voter
☐ None of the above

1

I hereby apply for a Mail-In Ballot for the (CHECK ONLY ONE):

- ☐ General (November) ☐ Primary ☐ Municipal ☐ School* ☐ Fire
☐ Special _____ To be held on ____/____/____
(SPECIFY) (DATE)

*By applying for the April Annual School Election, you will receive a Mail-In Ballot for all Special School Elections until the next Annual School Election.

2

Last Name (Type or Print):

First Name (Type or Print):

Middle Name or Initial:

Suffix (Jr., Sr., III):

3

Address at which you are registered to vote:

Street Address or RD#:

Apt. No.:

Municipality (City/Town):

State:

Zip Code:

4

Mail my ballot to the following address:

☐ Same Address as Section 3

Please include _____
any _____
PO Box, RD#, _____
State/Province, _____
Zip/Postal Code _____
& Country _____
(if outside US)

5

Date of Birth:

6

Day Time Phone Number:

7

E-Mail Address (Optional)

8

Signature

Please sign your name as it appears in the Poll Book:

X

9

Today's Date:

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

10

Voter Options to Automatically Receive Ballots in Future Elections

You may choose either option, both options, or none of the options. **YOU ARE NOT REQUIRED TO CHOOSE AN OPTION.** If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.

*A ☐ I wish to receive a Mail-In Ballot for all elections to be held during the **REMAINDER OF THIS CALENDAR YEAR.**

*B ☐ I wish to receive a Mail-In Ballot in **ALL FUTURE NOVEMBER GENERAL ELECTIONS**, until I request otherwise.

* Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.

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Assistor

Any person providing assistance to the voter in completing this application must complete this section.

Name of Assistor (Type or Print):

Signature of Assistor:

Date:

X

Address:

Apt. No.:

Municipality (City/Town):

State:

Zip Code:

12

Authorized Messenger

Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of Ocean County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than TEN qualified voters in an election.

I designate _____ to be my Authorized Messenger.

Print Name of Authorized Messenger

Address of Messenger:

Apt. No.:

Municipality (City/Town):

State:

Zip Code:

Date of Birth

Signature of Voter

X

Date: ____/____/____

 Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger

Date

X

OFFICE USE ONLY

Voter Reg #: _____

Muni. Code #: _____ Party: _____

Ward: _____ District: _____